

<b>EPA</b> United States Environmental Protection Agency Washington, DC 20460 <b>Work Assignment</b>		Work Assignment Number 3-59 <input type="checkbox"/> Other <input type="checkbox"/> Amendment Number: 000001								
Contract Number EP-C-08-010		Contract Period 12/16/2008 To 11/30/2012 Base                      Option Period Number    3								
Contractor SCIENTIFIC CONSULTING GROUP, INC, THE		Title of Work Assignment/SF Site Name Tech & Admin Sup for ORD/NCER								
Specify Section and paragraph of Contract SOW 2.1, 2.2, 2.3, 2.4										
Purpose: <input type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input checked="" type="checkbox"/> Work Plan Approval		Period of Performance From 06/18/2012 To 11/30/2012								
Comments:										
<input type="checkbox"/> Superfund                      Accounting and Appropriations Data <input checked="" type="checkbox"/> Non-Superfund										
Note: To report additional accounting and appropriations data use EPA Form 1900-69A.										
SFO (Max 2) <input type="checkbox"/>										
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)	Amount (Dollars)	(Cents)	Site/Project (Max 8)	Cost Org/Code (Max 7)
1										
2										
3										
4										
5										
Authorized Work Assignment Ceiling										
Contract Period:		Cost/Fee:		\$0		LOE:				
12/16/2008 To 11/30/2012				\$149,922.00						
This Action:				\$149,922.00						
Total:				\$149,922.00						
Work Plan / Cost Estimate Approvals										
Contractor WP Dated:		07/17/2012		Cost/Fee:		\$149,922.00		LOE: 1,800		
Cumulative Approved:				Cost/Fee:		\$149,922.00		LOE: 1,800		
Work Assignment Manager Name    Roxanne McDowell							Branch/Mail Code:			
_____ (Signature)							_____ (Date)			
							Phone Number    703-347-8084			
							FAX Number:			
Project Officer Name    Verla Sutton-Busby							Branch/Mail Code:			
_____ (Signature)							_____ (Date)			
							Phone Number: 202-564-6808			
							FAX Number:			
Other Agency Official Name							Branch/Mail Code:			
_____ (Signature)							_____ (Date)			
							Phone Number:			
							FAX Number:			
Contracting Official Name    Renita Tyus							Branch/Mail Code: CP05			
_____ (Signature)							_____ (Date)			
							Phone Number: 513-487-2094			
							FAX Number: 513-487-2109			